

Form CPF M 102: Campaign Finance Report Municipal Formula CLERK'S OFFICE Office of Campaign and Political Finance

2020 JAN 22 PM 3: 41

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan :	1, 2019 Ending Date: Dec 31, 2019			
Type of Report: (Check one)	The Control of the Co			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
A. Michael Ruderman	Committee to Elect Mike Ruderman			
Candidate Full Name (if applicable)	Committee Name			
Selectman, Town of Arlington	Susan Cronin Ruderman			
Office Sought and District	Name of Committee Treasurer			
9 Alton Street, Arlington MA 02474 Residential Address	9 Alton Street, Arlington MA 02474			
E-mail: amruderman@gmail.com	Committee Mailing Address E-mail: scruderman@gmail.com			
Phone # (optional): (781) 929-7847	Phone # (optional):			
SUMMARY BALANO	CE INFORMATION:			
Line 1: Ending Balance from previous report	174.51			
Line 2: Total receipts this period (page 3, line 11) 0			
Line 3: Subtotal (line 1 plus line 2)	174.51			
Line 4: Total expenditures this period (page 5, lin	ne 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	174.51			
Line 6: Total in-kind contributions this period (pa	age 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Watertown Savings	s Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)			
activity, of all persons acting under the authority or on behalf of this committee in acting incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: Jan 21, 2020			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
N			

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	Language Control of the Control of t	Amenanassa	
•			
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ine 10: Total Receipts \$50 and under* (not listed above)			
me ro. rotal Rece	the and and ander. (not listed above)	0	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
If bassa itai		L	Emer on page 1, time 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together. from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid		į l	
Date Falu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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1	The state of the s			
dermovives				
			<u> </u>	
		1		
		1		

		I' 10 70 . 1 = 11		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	0
		Line 13: Total Evnenditures \$50	and under* (not listed above)	0
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			0	

^{* 1}f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				700 4 700
Total Andrews				
-				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				A Company of the Comp
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0